

HB 1294 – DRAFT IMPLEMENTATION PLAN
ITEMS LISTED IN BILL ORDER
July 2, 2012

Item	Issue & Reference	Facilities Impacted	Legislative Directive	Status	Anticipated Timeline	Process Owner
1	Name change for rehab centers [Bill: §2, p. 3 & § 3 p. 5/ C.R.S. §25-1.5-103 (a)(I)(A) & §25-3-101 (1)]	- Rehab centers	- Facility name changed from “rehabilitation center ”to “rehabilitation” hospital	- Advanced development	<ul style="list-style-type: none"> · 8/15/12 request for rulemaking hearing · 10/17/12 BOH hearing · 11/30/12 effective date 	- Lorraine Dixon Jones
2	Deletion from the list: “chiropractic centers and hospitals” and “maternity hospitals” [Bill: §2, p. 3 & § 3 p. 5/ C.R.S. §25-1.5-103 (a)(I)(A) & §25-3-101 (1)]	<ul style="list-style-type: none"> - Chiro centers and hospitals - Maternity hospitals 	- Deletes these from the list of facilities subject to licensure oversight	- Advanced development	<ul style="list-style-type: none"> · 7/18/12 request for rulemaking hearing · 9/19/12 BOH hearing · 10/30/12 effective date 	- Laurie Schoder
3	Extended survey cycle/tiered survey Bill: §2, p. 3 C.R.S. §25-1.5-103 (1)(a)(I)(C)]	All	<ul style="list-style-type: none"> - <i>Eligibility.</i> Entity must have either an extended survey cycle or tiered survey if within 3 years prior to inspection date it has: <ul style="list-style-type: none"> · been licensed · no enforcement activity¹ · no patterns of deficient practice · no substantiated complaint resulting in significant deficiencies that negatively affect life, health or safety within 3 yrs of inspection date - <i>Expanding the scope.</i> Scope of survey may be expanded to full survey if deficient practice is found during tiered survey - <i>Medicare/Medicaid obligations.</i> Nothing limits our ability to meet obligations established by CMS or HCPF 	- Pending	- TBA	- TBA

¹ “Enforcement activity” means the imposition of remedies such as civil money penalties; appointment of receiver or temporary manager; conditional licensure; suspension or revocation of a license; a directed plan of correction; intermediate restrictions or conditions, including retaining a consultant, department monitoring, or providing additional training to employees, owners, or operators; or any other remedy provided by state or federal law or as authorized by federal survey, certification, and enforcement regulations and agreements for violations of federal or state law. [Bill: § 2, p. 5, C.R.S.: 25-1.5-103(2)(b.5)]

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4	<i>Performance incentive system</i> Created - [Bill: §2, p. 4, C.R.S. §25-1.5-103(1)(D)] Parameters - [Bill: §7, p. 12, C.R.S. §25-3-105(1)(a)(I)(C)]	All	<ul style="list-style-type: none"> - <i>Requires rulemaking regarding reduced renewal fee based upon:</i> <ul style="list-style-type: none"> · onsite inspection shows no significant deficiencies that have negatively affected life, safety or health of consumers, · facility fully and timely cooperated with onsite inspection, · no documented actual or potential harm to consumers, and · if deficiencies are cited, the facility has submitted an acceptable POC and corrected the deficient practice as verified by the Department within required time period. 	- Scoping	- TBA	- TBA
5	<i>Citing low level deficiencies</i> [Bill: §2, p. 4 C.R.S. §25-1.5-103(1)(E)]	All	<ul style="list-style-type: none"> - Dept shall not cite deficiencies resulting from a survey that is an isolated event that can be effectively remedied during the survey, unless deficiency caused harm or potential for harm, created a life- or limb-threatening emergency, or was due to abuse or neglect. 	- Scoping	- TBA	- TBA
6	<i>Service integration</i> in community health centers and acute treatment units [§2, p. 5]	<ul style="list-style-type: none"> - Community mental health centers - ATUs 	<ul style="list-style-type: none"> - CDPHE as issuer of license and DHS as issuer of program approval shall take into account changes in health care policy and practice of commingling and integrating health care services 	- Scoping	- TBA	
7	<i>Community clinic definition</i>	<ul style="list-style-type: none"> - Community clinics - Hospitals 	<ul style="list-style-type: none"> - Defines clinics as ambulatory services that are neither licensed as an on-campus department or service of a hospital nor listed as an OCL under a hospital's 	- Advanced development	<ul style="list-style-type: none"> · 9/19/12 request for rulemaking hearing · 11/21/12 BOH hearing · 12/30/12 effective date 	

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	[Bill §3, p. 6 C.R.S. §25-1-101 (2)(a)&(4)]		license, and meets at least one of the following: <ul style="list-style-type: none"> · has inpatient beds for extended observation and other related services for < than 72 hours · provides emergency services; · is not otherwise subject to licensure but opts to get it in order to receive donations, grants, government funds, or other public or private reimbursement for services rendered - Community clinic also includes prison clinics operated by DOC			
8	Attestations [Bill: §4, p. 7 C.R.S. §25-3-102 (1)(c)]	All	- Dept cannot require, as evidence of fitness, attestation as to general compliance with statutory or regulatory licensing requirements. However, Dept may require applicant to attest to the accuracy of information provided.	- Preliminary development	- TBA	- Certification, Licensing & Registration (CLR) unit & IT
9	Fitness and Change of ownership(CHOW) [Bill: §4, p. 8 C.R.S. §25-3-102 (1)(e)]	All	- <i>Fitness of new owners.</i> The Dept shall conduct a fitness review for a new owner based upon: <ul style="list-style-type: none"> · 5 year history(compliance history, etc) preceding date of application; and · 10 years if owner was a) convicted of a felony or misdemeanor involving moral turpitude; b) had a state license or fed cert denied, revoked, or suspended in another jurisdiction; c) had civil judgment or criminal conviction brought by fed/state/local authority that resulted from operation or other entity related to substandard patient care or health care fraud - <i>Fitness of existing owners.</i> Dept may only review existing owner for a CHOW when Dept has new info not previously available or disclosed that bears on the fitness of existing owner to operate or maintain a facility	- Preliminary development	- Policy: 7/1/12 implementation - Rule change : TBA	- Policy: CLR unit - Rule change: Laurie Schoder

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			- <i>When a conversion is not a CHOW.</i> A conversion is not a CHOW unless it includes a transfer of at least 50% of the licensed facility's direct or indirect ownership interest to one or more owners			
10	Deeming Bill: §5, p. 9 C.R.S. §25-3-102.1	All	<ul style="list-style-type: none"> - <i>General.</i> Dept shall deem facilities currently accredited by org recognized by CMS as satisfying requirements for renewal. - <i>If state standards more stringent.</i> If standards for national accreditation are less stringent than licensure standards, Dept may conduct survey that focuses on more stringent state standards. - <i>Validation surveys.</i> One year of granting deemed status, Dept may conduct validation survey based on valid sample methodology for up to 10 percent of facilities, excluding hospitals. - <i>Revocation of deemed status.</i> Dept may revoke deemed status if it takes an enforcement activity against the facility - <i>Reduced fee.</i> There Dept shall provide appropriate credit or reduced fee for deemed status 	- Pending	- TBA	- TBA
11	Fees <ul style="list-style-type: none"> - Provisional [Bill: §6, p11/C.R.S. §25-3-103(1)(c)] - Licensure [Bill §7, p12/ C.R.S. §25-3-105 (1)(a)(I)(B)] 	All	- BOH may increase fees (including provisional fees) by an amount not to exceed the annual percentage change in the CPI for Denver-Boulder-Greeley	No action needed		
12	Stakeholder Forum <ul style="list-style-type: none"> - Creation [Bill: §8, p. 13 - C.R.S. §25-3-113] 	All	<ul style="list-style-type: none"> - <i>Creation</i> <ul style="list-style-type: none"> · Creates a stakeholder forum within the Dept · Members to include of reps from various types of providers, consumers, consumer advocates, ombudsmen and other interested parties. Members are voluntary and serve without compensation 	- Preliminary development	- TBA	- TBA

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	<ul style="list-style-type: none"> - Reporting of licensure costs [Bill: §7, p. 12 C.R.S. §25-3-105(2)] - DD group home oversight reporting [] 		<ul style="list-style-type: none"> · “The department shall meet at least 4 times each year with the stakeholder forum to discuss and take into consideration the concerns and issues of interest to the forum members and other attendees regarding the development and implementation of rules and other matters that affect all health care facilities licensed by the department. The department shall consider the attendance of its representatives at meetings with the stakeholder forum to be within the normal course of business, with no additional appropriation to or resources from the department required.” · Members responsible for noticing, staffing, recording and reporting notes from stakeholder forum meetings. · Stakeholder forum shall not duplicate work being done by other advisory committees or working group and shall be used, as appropriate to meet requirements of HB 12-1008. · - <i>Accounting of licensure costs.</i> An accounting of licensure costs shall be sent at least annually to the stakeholder forum - <i>DD oversight coordination report.</i> Progress report on streamlining DD oversight sent to committees of reference shall be sent to stakeholder forum members 			
13	HAI committee – change in membership requirement [Bill: §9, p. 14 C.R.S. §25-3-602 (4)]	<ul style="list-style-type: none"> - Hospitals - ASCs - ESRDs 	- Instead of requiring 3 RNs certified by the Certification Board of Infection Control and Epidemiology (CBIC), requires 3 health care professionals certified by the CBIC	- Implemented	- N/A	- N/A
14	Home care placement	- Home care	- Clarifies that a placement agency is not licensure or	- No action needed	- N/A	- N/A

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	<i>agencies</i> cannot claim licensure/cert [Bill: §10, p. 14 C.R.S. §25-27.5-103]	placement agencies	certified by the Dept. Prohibits placement agencies from claiming licensure or certification and authorizes a civil penalty of \$500-1,000 per year.			
15	Skilled home health vs. personal care services: differing requirements for [Bill: §11, p. 15 C.R.S. §25-27.5-104 (1)]	- Home care agencies	- Instead of BOH <u>considering</u> different requirements appropriate for skilled home health vs personal care services, <u>it must establish</u> different requirements and requires HCPF and CDPHE to work jointly to resolve differing requirements	- Scoping	- Agenda item for discussion at next regularly scheduled HCA advisory committee meeting.	- HCA advisory cmte & Laurie Schoder
16	PACE [Bill: §11, p. 15 C.R.S. §25-27.5-104 (1)]	- Home care agencies	- Provides that HCPF and CDPHE shall only regulate PACE consistent with a 3-way agreement between CMS, HCPF, and the provider, except the Dept may require additional information from the provider with regard to reporting instances of abuse.	- Scoping	- TBA	- TBA
17	DD group home oversight coordination [Bill: §12, p. 15 C.R.S. §27-105-109 (2)(b)]	- DD group homes	- By 12/31/12, CDPHE, HCPF, and DHS must develop implementation plan, in consultation with industry reps, to resolve differing requirement eliminate obsolete/redundant rules and work processes regarding DD group home oversight. The Depts shall study feasibility of implementing a consolidated survey. The Depts shall report progress to respective committees of reference when making their departmental presentations pursuant to 2-7-201, CRS.	- Preliminary development	- 12/31/12	- TBA
18	Simultaneous surveys: DD group home and personal care services [Bill: § 12, p. 16 C.R.S. § 27-105-109 (3)(b)(II)]	- DD group homes - Class B Home Care agencies	- If a service agency operates a DD group home and personal care services, CDPHE or DHS as appropriate is responsible for conducting the surveys of both simultaneously.	- Preliminary development	- TBA	- Work group assigned

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